

General Information	
Requested Effective Date:	
Doing Business As;	
Entity Name:	Type Of Business: Retail
First Named Insured,	Type Of Operation:
Primary Contact Name:	Type Of Entity:
Additional Parters/Owners:	
Mailing Address:	
Phone Number:	Email Address:
Fax Number!	
Other business owned or operated by the same name insured;	

Property Information	
Risk Location Address:	
Type Of Construction:	
Year Built	
Total Building Size:	
Insured Occupied Area:	
Safe On Premises?	
Free Standing Building?	
Maximum amount of cash on premises overnight?	
Sprinkler System?	Central Alarm System?

Property Coverage	
\$	Business Personal Property:
\$	ATMs, Phone Cards & Lottery Tickets?i
Glass Linear Feet	Theft Coverage Requested?
Outdoor Sign Value: \$	
Is insured owner of building?	Owner Occupied Building?
If applicant is not the building owner_why is building coverage requested?	
Optional Coverage Requested?	
Property Loss History	
How many claims have there been in the last 5 years?'	

Risk and Operation	
Business Hours:	
When did you acquire the business at this location?	
How much did you invest or pay for the business at this location?	
Which Floor is Applicant Located?	
Insured Occupied Area:	
Public Area:	
Located in Shopping Mall?	
Franchise?	
Parking Lot for Exclusive Use:	
Prior Insurance:	
Prior Carrier:	
Policy Number:	

Additional Insured	
Loss Payee/Mortgagee	

Liability Coverage	
Detailed Description:	
	Any Offsite Installation?
Liability Limit:	
Liquor Liability Limit:	
	Is Business Seasonal?
	Total Sales: \$
Liability Loss History	
How many claims have there been in the last 5 years? 0	